

Exhibit F

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA**

MAXWELL KADEL, *et al.*,

Plaintiffs,

v.

DALE FOLWELL, *et al.*,

Defendants.

No. 1:19-cv-00272-LCB-LPA

**EXPERT REBUTTAL DISCLOSURE REPORT OF
GEORGE RICHARD BROWN, M.D., DFAPA**

I, George R. Brown, declare as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

2. I have actual knowledge of the matters stated and would so testify if called as a witness. I reserve the right to supplement or amend this report based on any future information that is provided to me, including but not limited to information produced by Defendants in discovery or in response to Defendants' expert disclosures.

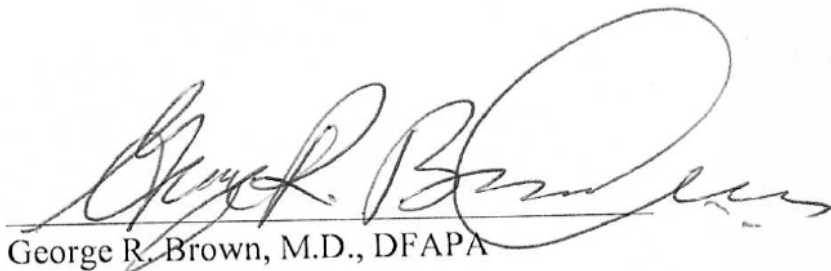
3. I previously submitted an expert report that was served on March 1, 2021 setting forth my opinions on: (1) the medical condition known as Gender Dysphoria; (2) the prevailing treatment protocols for a diagnosis of Gender Dysphoria, their efficacy, and the cost-effectiveness of this care; (3) whether there is a legitimate medical basis for the exclusions in the health plans offered by the North Carolina State Health Plan for Teachers

following the WPATH Standards of Care (SOC). This is likely because, in my understanding and experience, no such scientifically-reliable literature has been published in at least the last 15 years.

27. Defendants' experts also erroneously generalize about the appropriate course of treatment for Gender Dysphoria in adults or adolescents based on data about pre-pubertal children. This is inappropriate. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition ("DSM-5") recognizes separate criteria for diagnosing Gender Dysphoria in children, on the one hand, and adults and adolescents on the other. The WPATH Standards of Care (SOC) have distinct standards of care for pre-pubertal children, adolescents and adults. As noted in my original report, the WPATH SOC, version 7 (Coleman, et al, 2011), are the nationally and internationally accepted standards of care for the evaluation and treatment of a diagnosis of Gender Dysphoria in adolescents and adults. These standards of care are also specifically followed by the largest healthcare systems in the United States (Department of Veterans Affairs, Kaiser-Permanente) as well as most major insurers of healthcare in the United States, including the corporate policy for Blue Cross and Blue Shield which specifically references these WPATH standards. *See Blue Cross Blue Shield of North Carolina, Corporate Medical Policy, Gender Affirmation Surgery and Hormone Therapy* (2021). They are also utilized as standards of care by many Departments of Corrections, the Federal Bureau of Prisons, the National Health Service of the UK, and many other countries as well. Coverage for transgender health care has been considered medically necessary for appropriately diagnosed individuals suffering from

to transition to the male gender role. This is a misinterpretation of that statement, and is an example of Dr. Lappert engaging in the “confirmation bias” that he claims to be present in all of the clinicians’ records and in my evaluations of the Plaintiffs. Had Dr. Lappert interviewed C.B., as I did, he would have learned that that comment meant that C.B. was tired of the lengthy process of “being trans” and wanted to get to the point where “trans” no longer identified him and he could just be identified as a “man” and not as a “transgender man.” It should also be noted that no fewer than seven clinicians have diagnosed C.B. as having the diagnosis of Gender Dysphoria.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 10th day of June, 2021.



George R. Brown, M.D., DFAPA

CERTIFICATE OF SERVICE

I hereby certify that on June 11, 2021, I caused a copy of the foregoing document and all attachments to be served upon the following parties via email:

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Dated: June 11, 2021

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